

# Complaint of Alleged Non-Compliance to Barrier Free Design Requirements

Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Office of Local Government & Consumer Services  
P.O. Box 30222  
Lansing, MI 48909  
(517) 241-9347

Agency Use Only

Authority: 1966 PA 1  
Completion: Voluntary; however, investigation of complaint cannot take place if form is not filed  
Penalty: None

COMPLAINT NO.

DATE RECEIVED

PREVIOUS EXCEPTION NO.

PREVIOUS COMPLAINT NO.

NOTE: New construction after July 2, 1974, must comply with the barrier free design requirements in the State Construction Code. Existing buildings after July 20, 1975, which undergo a change in use group, occupancy load, or alteration other than ordinary maintenance must comply with the barrier free design requirements to certain degrees, depending upon the percentage of the total square footage of the facility which is affected by the change.

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

**COMPLAINANT** - Complete top portion of this form and mail to the Office of Local Government and Consumer Services at the address listed above.

NAME OF COMPLAINANT		DATE
ADDRESS		
CITY	ZIP CODE	TELEPHONE NUMBER ( )
NAME OF PROPERTY IN ALLEGED NONCOMPLIANCE		
STREET ADDRESS OF PROPERTY		COUNTY
CITY	ZIP CODE	STATUS OF PROPERTY EXISTING UNDER CONSTRUCTION
DESCRIPTION OF ALLEGED VIOLATION (attach additional sheets if necessary)		

**ENFORCING AGENCY** - Complete bottom portion of this form and mail to the Office of Local Government and Consumer Services at the address listed above with a complete investigation report.

ENFORCING AGENCY		DATE RECEIVED AT ENFORCING AGENCY	
ADDRESS		CITY	ZIP CODE
NAME OF BUILDING OFFICIAL		TELEPHONE NUMBER ( )	
NAME OF INSPECTOR		DATE OF INSPECTION	
THE COMPLAINT IS <input type="checkbox"/> VALID <input type="checkbox"/> INVALID		STATE THE REASON AND ATTACH A COPY OF THE COMPLETE INVESTIGATION REPORT	
IF VALID, BRIEFLY EXPLAIN ENFORCEMENT ACTION TO BE TAKEN AND ANTICIPATED TIMETABLE _____ _____ _____ _____			
ENFORCING AGENT'S SIGNATURE		DATE	